

**South Carolina Department of Labor, Licensing and Regulation  
BOARD OF COSMETOLOGY  
P0 Box 11329, Columbia, SC 29211-1329  
(803) 896-4588**

**COSMETOLOGY SCHOOL REINSTATEMENT APPLICATION**

<b>School Name:</b>	<b>License No.:</b>
<b>Address:</b>	<b>Telephone #:</b>
	<b>Email Address:</b>
<p>Answer all questions and submit the appropriate fee. Careful completion of this application will avoid a delay in processing. Incomplete applications will be returned to you. Please allow 10 business days for processing.</p> <p><b>*Make all Checks or Money Orders payable to LLR - BOARD OF COSMETOLOGY*</b></p>	
<b>Cosmetology School License Reinstatement Fee</b>	
<b>REINSTATEMENT FEE: \$172</b>	<b>School Owner Name:</b> _____

1. Since the date of your last renewal application, has any complaint been formally lodged or has any action been taken against your school license in any jurisdiction? ☐ Yes ☐ No ( **If YES please include a full explanation, and documentation regarding the complaint**)
  
2. School Bond Number: \_\_\_\_\_
  
3. Name of Bond Liability Company: \_\_\_\_\_

I am a school official and I have carefully read all questions on this renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license and rejection of this application or delay processing.

Print Full Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_